BRITH NO. REG. DIST. NO. 2/7 PRIMARY REG. DIST. NO. 3069 Rejistrar's No. 31.59 % B. PLACE OF DEATH a. COUNTY 9 1 Louis b. CITY (10 counts corporate limits, write BURAL and sire. C. CITY (11 counts corporate limits, write BURAL and sire. BOTTOWN STAY (11 counts corporate limits, write BURAL and sire. C. CITY (11 counts corporate limits, write BURAL and sire township) TOWN STAY (11 counts corporate limits, write BURAL and sire township) G. FULL NAME OF (11 no to hospital or featingluste, sire street address or location) HOSPITAL OR STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (11 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts corporate limits, write BURAL and sire township) G. STAY (12 counts constituting to the state of long sire stay limits for limits counts and sire township) G. STAY (12 counts counts limits, write BURAL and sire township) G. STAY (12 counts counts limits, write BURAL and sire township) G. STAY (12 counts counts limits, write BURAL and sire township) G. STAY (12 counts counts limits, write BURAL and sire township) G. STAY (12 counts counts l	/FIFD JAN	1 1 7 1951 ST	ANDARD CERTIF	FICATE OF DEATH	State File No.	385U 🦹
a. COUNTY St. Louis and expressed limits, write RURAL and give to complete the composition of the absorbation of the composition of the compositio		REG.	DIST. NO. 377	PRIMARY REG. DIST. NO.	3069 Registrar's No	3159
TOWN STOWN STOWN S. Provided STAY (in this place) d. FULL WANE OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation, give street address or location) J. NAME OF (it not in boughtal ordinativation) J. NAME OF (it not in boughtal		1		2. USUAL RESIDENC	E (Where decreased lived. If in b. COUNTY	stitution: residence before
HOSPITAL OR A DATE Chord Chart	TOWN ST	Louis R.	46+5 STAY (in this place	TOWN Kimm	limits, write BURAL and give tow	
CTYPE OF PYTHAI CONTROL OF RACE T. MARRIED, NEVER MARRIED, S. DATE OF BIRTH S. AGE (Is years) T. T. MARRIED, NEVER MARRIED, S. DATE OF BIRTH S. AGE (Is years) T. T. MARRIED, NEVER MARRIED, S. DATE OF BIRTH S. AGE (Is years) T. T. MARRIED, NEVER MARRIED, S. DATE OF BIRTH T. T. MARRIED, NEVER MARRIED, S. DATE OF BIRTH T. T. MARRIED, S. DATE OF BUSINESS OR IN- T. MARRIED, S. DATE OF MARRIED, S. DATE OF BUSINESS OR IN- T. MARRIED, S. DATE OF THE MARRIED, S. DATE OF BUSINESS OR IN- T. MARRIED, S. DATE OF THE MARRIED, S. DATE OF STANDARD OR WIFE T. MARRIED, S. DATE OF THE MARRIED, S. DATE	HOSPITAL OR INSTITUTION	(If not in hospital or institution ST Marys	Hospital	d. STREET OF ADDRESS	rural, give location)	AL.
10a. USUAL OCCUPATION (Citychied of each party) 10b. KIND OF BUSINESS OR IN. 13a. FATHER'S NAME 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 15b. WAS DECEASED BYER IN U. SARMED FORCES? (Ven. no. or unbound of the party of working life war of daily of same party of the part	(Type or Print)	Emma	b. (Middle)	c. (Last)	4. DATE (Month) OF DEATH / 2	and the second second
DUSTRY At AME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 15c. WAS DECEASED EVER IN U. S.ARMED-FORCES! (17 No. no. or unknown) (17 year, given war or daleable service) 15c. WAS DECEASED EVER IN U. S.ARMED-FORCES! (18c. SOCIAL SECURITY NO. Or TOWNSHIP) 16c. CAUSE OF DEATH 16c. CAUSE OF DEATH 16c. CAUSE OF DEATH 16c. CAUSE OF DEATH 16c. To make dai- 16c. The m	Female	white Wil	RRIED, NEVER MARRIED, DOWED, DIVORCED (Specify)	_	last birthday) Months	
13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. SARMED-FORCES! 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. OF MAIN	donaduring most of work	ing life, even if retired)	IND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or fore	$\neg \alpha$	12. CITIZEN OF WHAT COUNTRY?
NO. BLUE S MITH NO. BLUE S M	3a. FATHER'S NAME	Pumpte a	13b. MOTHER'S MAIDEN	NAME 14.		E
MEDICAL CERTIFICATION MEDICAL CARCHARITY MODICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION ME	(Yes. no, or unknown) (I	R IN U.S.ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT'S SI	1/2	1
This does may internal mean the mode of dying, such as heart failure, asthemia, etc. It means the disease for conditions of partial properties of the does cause (a) stating the underlying cause last. DUE TO (a) DE TO (b) DE TO (c) DE TO (c) DUE TO (c)	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO D	MEDICAL C DEATH(a) CORC	ERTIFICATION ONARY 7	- / / -	INTERVAL BETWEEN
DUE TO (c) DUE TO	*This does not mean the mode of dying, such		giolog DUE TO (b)	YPERTEN	TION	5 years
19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION TION 21a. ACCIDENT SUICIDE SUI	eic. It means the dis- case, injury, or complica-	II. OTHER SIGNIFICANT (DUE TO (6)	therosclero	ois	20 years
216. ACCIDENT SUICIDE: SUICIDE: HOMICIDE HOMICID	19a. DATE OF OPERA-					20. AUTOPSY1
HOMICIDE III. TIME (Mogsth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE INJURY OCCUR? INJURY 2. I hereby certify that I attended the deceased from 12-16-, 19-10 to 12-26-, 19-10, that I last saw the deceased align on 17-26, 19-10, and that death occurred at 2 m., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 12-78-16 4a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) (State) 12-78-16 ATE REC'D BY LOCAL REG. DEGISTRAR'S SIGNATURE 25. FUNEBAL DIRECTORY OF CEMETERY OF CREMATORY SERVICES ESC. 25. FUNEBAL DIRECTORY OF CEMETERY OF CREMATORY SERVICES ESC. A104 Manchester Ave. St. Louis 10, Mo.		Streetfy) / 21b. PLAC	CE OF INJURY (a.g., in or about	21c. (CITY TOWN OR TOWN	7	
WHILE AT WORK NOT WHILE 2. I hereby certify that I attended the deceased from 12-16-, 19-10 to 12-26-, 19-10, that I last saw the deceased align on 12-26 , 19-10, and that death occurred at 2 m., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED (Degree or title) 23c. NAME OF CEMETERY OF CREMATORY (State) 12-28-50 ALCA HOCAL OF SIGNATURE (State) 24c. NAME OF CEMETERY OF CREMATORY (State) 25. FUNEBAL RISECTION OF CEMETERS 26. STATE REC'D BY LOCAL OF STATE SIGNATURE 27. 28. 50 ALCA Manchester Ave. St. Louis 10, Mo.	HOMICIDE	home, farm	o, factory, street, office bldg., etc.)	+		(STATE)
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As. BURIAL. CREMA- TION, REMOVAL (Specify) 12 2 2 2 2 8 5 7 Secretary Concernation (City, town, or county) 24 2 2 2 2 8 5 7 Secretary Concernation (City, town, or county) 25 FUNDAL PLANT SIGNATURE 26 PART OF THE PART O	3a. SIGNATURE	Rulling		23b. ADDRESS	beula	
DATE REC'D BY LOCAL OF SIGNATURE SIGNATURE PROBLEM OF TURES SIGNATURE SERVICE PERC. 2 2 8 57 CHELLER DOWN AND MANAGEMENT AVA. St. Louis 10, Mo.	MA. BURIAL, CREMA TION, REMOVAL (Speedly REMOVAL)	172- 27~3F	li A	4 0-	CATION (City, town, or coun	
	/ / REG	CHELLER P.	mpe md &	Z. FUNERAL MURECON	Ot I wile	
			(Licensed Embalmer's S	tatement on Reverse Side)		 ,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	side of 1	this	certificate	was emba	almed by n	ae, or	by	
working under my personal supervision.		•	Student	Fmbalmer	No			.:
working under my personal supervision.	^					_ '	*********	***

Signed J. Ollen Wairs, J.

Licensed Embalmer No. 40.53

P. O. Address P.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer